SYSTEMS
FOR HEALTH

USAID Systems for Health Project

ANNUAL REPORT

July 1, 2014–September 30, 2015

URC UNIVERSITY RESEARCH CO., LLC

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Acronyms

ADHD	Adolescent Health and Development
ANC	Antenatal Care
BCC	Behavior Change Communication
ICC-CS	Inter-Agency Coordinating Committee on Commodity Security
CHIM	Center for Health Information Management
CHMC	Community Health Management Committee
CHN	Community Health Nurse
CHO	Community Health Officer
CHPS	Community-Based Health Planning and Services
CHT	Community Health Team
CHV	Community Health Volunteer
CMAM	Community-Based Management of Acute Malnutrition
cPBF	Community Performance-Based Financing
CPT	Contraceptive Procurement Tables
DDHS	District Director of Health Services
DHIMS	District Health Information Management System
DHMT	District Health Management Team
DHS	Demographic and Health Survey
ECEB	Essential Care for Every Baby
EMMP	Environmental Monitoring and Mitigation Plan
EmONC	Emergency Obstetric and Newborn Care
ENA	Essential Nutrition Actions
ENC	Essential Newborn Care
ETAT	Emergency Triage Assessment and Treatment
EVD	Ebola Virus Disease
EWS	Early Warning System
FAA	Fixed Amount Award
FHD	Family Health Division
FP/RH	Family Planning/Reproductive Health
GHS	Ghana Health Service
GoG	Government of Ghana
HBB	Helping Babies Breathe
HFG	Health Financing and Governance Project
HIO	Health Information Officer
iCCM	Integrated Community Case Management
ICD	Institutional Care Division
IMNCI	Integrated Management of Neonatal and Childhood Illnesses

IPC	Infection Prevention and Control
IPTp-SP	Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine-Pyrimethamine
IYCF	Infant and Young Child Feeding
KOICA	Korean International Cooperation Agency
LDP	Leadership Development Program
LLIN	Long-Lasting Insecticide Nets
LMIS	Logistics Management and Information System
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MCSP	Maternal Child Survival Project
MDG	Millennium Development Goals
MEBCI	Make Every Baby Count Initiative
MIP	Malaria in Pregnancy
MNCH	Maternal, Neonatal, and Child Health
MOH	Ministry of Health
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NMCP	National Malaria Control Program
NQS	National Quality Strategy
NUPAS	Non-US Organization Pre-Award Survey
PBF	Performance-Based Financing
PPME	Policy, Planning, Monitoring, and Evaluation Division
PPP	Preferred Primary Care Provider
QI	Quality Improvement
RDT	Rapid Diagnostic Test
RHMT	Regional Health Management Team
RING	Resiliency in Northern Ghana
RMNCH	Reproductive, Maternal, Neonatal, and Child Health
SMS	Short Message Service
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
ToT	Training of Trainers
TWG	Technical Working Group
URC	University Research Co., LLC
USAID	United States Agency for International Development
VHF	Viral Hemorrhagic Fever
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

The Government of Ghana (GoG)'s commitment to expanding access to quality care at all levels of the health system is clear and is exemplified by policies and plans to expand access to health care for the most underserved, particularly through upgrading and expanding health infrastructure and enhancing community health services. It was in this environment of collective commitment to improving the availability of quality health care that the United States Agency for International Development (USAID) Systems for Health project was awarded in July 2014.

Systems for Health's conceptual framework rests upon the World Health Organization's (WHO) six health systems building blocks, as well as on focused efforts to mobilize communities to demand that quality health services be accessible and available. Systems for Health assumes that if the six building blocks are strengthened and communities are mobilized, target populations will benefit from increased access to and availability of quality services. Consequently, their demand for these quality services will increase. With improvements in both the supply of and demand for high quality services, service use and coverage will increase, and if sustained over time, improved health outcomes will follow.

In its first year, Systems for Health has made significant progress toward accomplishing its goal of sustainably supporting improved health-service delivery and mobilizing communities for the uptake of health services. The project, in close collaboration with Ghana Health Service (GHS), facilitated a number of key activities across all the health systems building blocks and technical areas that the project supports. These accomplishments include the facilitation and support of essential technical trainings for health teams; the design and dissemination of targeted behavior change communication materials; and the strengthening of health provider capacity at national, district, sub-district, and community levels. Through all of these activities, Systems for Health fostered a strong partnership with GHS counterparts, working to enhance already existing systems and strengthen the capacity of health workers at all levels of the health system. Examples of this approach include the successful completion of integrated data coaching visits to over 640 health facilities and technical assistance to support GHS to update essential national technical guidelines and materials, including the revision of the National Policy and Guidelines for Infection Prevention and Control in Health Care Settings.

Activities in Year One focused on laying a solid foundation for implementation in subsequent project years, in particular through efforts to coordinate and harmonize the activities of key stakeholders working to support the health system in Ghana. The project is moving into its second year of implementation with confidence and the commitment to build upon the successes generated in Year One, maintaining a close partnership and open dialogue with counterparts at both USAID and GHS. This report outlines in detail the significant activities implemented by Systems for Health in its first year of operations.

Year One Implementation: Foundations for Integrated Activities

In the first year of implementation, Systems for Health prioritized activities that built upon previous USAID investments in the project-supported regions and put in place the foundational elements that are needed to support strong implementation in Year Two and beyond. These included activities that could be initiated quickly within project-supported regions such as integrated coaching visits, support to strengthen reporting to the Early Warning System, and numerous training and sensitization activities where training curricula were already developed and/or trainers could be rapidly mobilized.

In the remaining four project years, Systems for Health will focus efforts on strengthening the capacity of GHS staff in the areas of the WHO health systems building blocks and will work to increase both the supply of and demand for high quality health services. Much of this capacity strengthening will take the form of training followed by supportive supervision for observation, reinforcement, and correction. In order to implement this capacity-building work successfully, much preparatory work has to be completed at the national level. In support of this, Systems for Health partnered with GHS and other implementing partners to lay the foundations for future capacity-building and support activities by updating technical guidelines and/or training materials and approaches in key areas, including Integrated Management of Neonatal and Child Illness (IMNCI), Life Saving Skills (LSS)/Emergency Obstetric and Newborn Care (EmONC), leadership development, malaria case management, and malaria in pregnancy. Technical trainings commenced in the latter half of Year One and will be fully rolled out across all technical areas in the first quarter of Year Two.

In addition, the project actively participated in numerous technical working group meetings across all technical areas. These meetings provided opportunities for Systems for Health to contribute substantive technical inputs and establish its role as a key collaborator and supporter of efforts by GHS to strengthen health service delivery. In Year Two, the project will further align its work with other USAID-implementing partners and key health sector donors to ensure approaches and activities are consistent with priority needs identified by GHS.

Integrated and More Efficient Interventions

As the project looks at the long-term sustainability and effectiveness of its systems strengthening support, collaboration with GHS and other partners will increasingly focus on how to package and integrate interventions. As much as possible, project efforts will promote consolidation and convergence of support. For example, integrated coaching visits will be utilized as much as possible to conduct post-training follow-up visits and to follow-up on the implementation of the Early Warning System. In addition, supportive supervision visits (funded through Fixed Amount Award grants to regions) will be coupled with post-training visits related to Community-based Health Planning and Services (CHPS) strengthening. Furthermore, efforts will be made to converge activities in quality improvement and performance-based grants with support to leadership development. It is clear that capacity building cannot be accomplished through training alone. The critical elements of follow-up and supervision will be needed to reinforce and enhance these lessons in Years Three to Five of the project.

Throughout this first year, Systems for Health, along with GHS, carefully considered ways to adapt, modify, and recast existing content and approaches to minimize the time that health workers have to be away from their districts and facilities. Systems for Health supported several decentralized trainings within districts as well as facility-based trainings in Year One and this will be expanded going forward. In subsequent years, the project plans to support more team-based, capacity-building approaches, particularly at the district level, aligned with quality improvement interventions.

Coordination with USAID Implementing Partners

In all five regions, Systems for Health is solidifying its close collaborative relationships with other USAID-funded projects, including Communicate for Health (C4H); WASH for Health; Evaluate for Health (E4H); Health Financing and Governance (HFG); and DELIVER. In the Northern Region, an area of particular focus, we are coordinating closely with the Resiliency in Northern Ghana (RING) project and Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING).

Systems for Health also maintains close collaboration with USAID's global Maternal Child Survival Project (MCSP) led by Jhpiego and implemented in the other five regions of Ghana. Under MCSP, Jhpiego and partners are supporting the Ministry of Health (MOH)/GHS in similar service delivery areas through CHPS, as well as their efforts in pre-service education, policy development, and assessments.

The project will uphold its close dialogue and collaboration with the MalariaCare Project to ensure coordinated and harmonized support to malaria interventions in the other five regions of Ghana not supported by Systems for Health.

Finally, the project will continue to coordinate efforts and communication among the USAID-funded health implementing partners throughout the country. The project will support quarterly meetings among partners and will spearhead the coordinated mapping of USAID interventions and coverage. Additionally, Systems for Health will continue the work it began in Year One to structure activities and resources to promote coordinated programs and actions among implementing partners in the health sector.

Dancers perform during USAID delegation visit to the Teiman CHPS facility, hosted by Systems for Health

Leadership and Management

Background and Context

Increasingly, healthcare delivery is offered by teams of professionals who must work together effectively for that healthcare to be of high quality. This need for teamwork calls for improved leadership, management, and governance practices by team members. To ensure that high quality healthcare services are provided for their clients, health teams are trained and are provided with support and feedback to face their challenges and achieve measurable results. The Systems for Health project is employing a capacity-building approach to train regional and district health teams in improved leadership, management, and good governance practices to enable the health teams to analyze challenges, solve problems, and attain

HIGHLIGHT

Review of the LDP Manual and Revision into Three Modules

Module One of the Leadership Development Program Plus Manual will target policymakers in the health sector. It is a three-day residential training module acquainting policymakers with issues of stewardship in the sector and good governance practices. It will introduce the LDP Plus process to policy level actors so that they are in a better position to support the health teams as they encounter challenges and achieve measurable results. Module Two targets supervisors at the regional and district levels of the sector. It is delivered in three sections, each encompassing three-days of training. It prepares the health teams to use the management, leadership, and governance tools that will enhance the delivery of quality healthcare leading to improved health outcomes. Module Three is aimed at training operational staff in enhanced problem-solving skills in order to attain measurable results with support and feedback from supervisors and policymakers.

measurable results leading to improved health outcomes. These trainings use a revised version of the Leadership Development Program Plus (LDP Plus) Handbook developed by Management Sciences for Health (2009).

In project Year One, Systems for Health coordinated the development of integrated regional annual work plans between GHS and health development partners. The primary purpose of this activity was to coordinate health work planning in the sector and reduce the duplication of activities among implementing partners. The second purpose was to avoid gaps in implementation that can potentially result from an uncoordinated approach to the work planning process. A third reason for this joint work planning was to make optimal use of the available resources in a resource constrained environment. Systems for Health plays a key role in rallying other development and implementing partners of the health sector to produce and implement an integrated work plan.

Key Accomplishments

Review of the LDP Plus Handbook

Systems for Health engaged a consultant to review the LDP Plus Handbook and revised it into three modules aimed at the policy, supervision, and operational levels of the healthcare system in Ghana. The LDP Plus training is an experiential learning activity that trains a set of seven teams of five participants each over a period of four to six months. The teams are supported by a group of facilitators who guide them in their reflections on the challenges of the workplace, and a team of technical coaches that provides them with feedback as they undertake team assignments.

Consultative Stakeholders' Meeting on the Reviewed LDP Plus Modules

After the LDP consultant's review of the LDP Plus Handbook, the work was subjected to a stakeholder consultative review. The highlight box on the next page shows some of the key issues discussed during the stakeholders' consultative meeting.

Key Expectations from the Reviewed
LDP Plus Modules

Focus of Module One for Policymakers

◆ Create shared vision for the health sector

◆ Create an inspiring environment for the development
and operations of health systems

◆ Monitor and evaluate health systems operations and
disseminate feedback

◆ Strengthen quality improvement systems in the
health sector

◆ Promote gender-mainstreaming in the health system

Focus of Module Two for Regional and District Supervisors

◆ Clarify GHS' shared vision to the operational sector

◆ Create an inspiring environment for health systems in
the operational sector

◆ Monitor and provide coaching and support to the
operational level

◆ Strengthen quality improvement systems in the
operational sector

◆ Promote gender-mainstreaming in the operation sector

Focus of Module Three for Operational Level Staff

◆ Identify challenges within their operations, through
analyzing the current situation

  – Using available data and information: Fish bone,
  BNA, Quality Improvement (QI) (Pareto Principles)

  – Analyzing trends in operations and health
  outcomes

  – Analyzing root causes to determine health actions

◆ Develop measurable results and strategies to meet
identified challenges

◆ Develop a Monitoring and Evaluation (M&E) plan and
indicators to guide implementation of action plans

◆ Conduct effective stakeholder analysis and resource
mobilization

◆ Build effective teams for health operations

◆ Communicate results of health operations

◆ Strengthen quality improvement systems in the
health sector

◆ Promote gender-mainstreaming in the health system

Introduction of Reviewed Modules to Regional Health Directorates

After the national-level stakeholders' consultation, the reviewed LDP Plus modules were introduced to the Regional Health Directorates in the Greater Accra, Central, Western, Volta, and Northern regions in order to solicit their input and contributions to the review process. This enriched the review process as it incorporated regional views to shape the reviewed handbook. One of the key recommendations of the regional process was the idea to train District Directors of Health Services and Medical Superintendents of District Hospitals as part of their teams in Module Two rather than as policymakers in Module One.

Orientation of National Facilitators

Systems for Health invited 20 national LDP Plus Facilitators to an orientation workshop using the reviewed LDP Plus Modules. This was undertaken to prepare the team of facilitators for the task ahead of training the regional and district Improvement Teams.

LDP Plus Training of Seven District Health Teams in the Volta Region

Seven district health teams have started the LDP Plus trainings in the Volta Region. These Improvement Teams are being trained by five national LDP Plus facilitators using Module Two. The region has selected six technical coaches to support the district Improvement Teams. The district Improvement Teams have formed operational Improvement Teams in their districts that are being trained using Module Three with support and feedback from the Regional Technical Coaching Teams and the National LDP Plus Facilitators. The district Improvement Teams and the operational Improvement Teams have received the first technical coaching visit from the National LDP Plus Facilitators and the Regional Technical Coaching Teams.

Integrated Regional Work Plans

Systems for Health was mandated to coordinate the development of integrated regional work plans for the health sector. The task was both useful and valuable, but challenging to implement, involving coordination of many different stakeholders. Systems for Health began the process of harmonizing the different project mandates of the

development and implementing partners in Ghana, gathering together the key stakeholders to develop a common agenda and produce integrated regional work plans. The support of USAID was integral in this process and in the first quarter of Year Two Systems for Health plans to build upon the good will generated from the start of this work planning process to bring it to successful completion.

Building for the Future/Looking Ahead

In Year One, Systems for Health has prepared a good foundation for the future task ahead of developing good leaders who are "managers who lead and govern" the health sector to achieve measurable results with improved health outcomes. In the subsequent years, the project sees itself developing a critical mass of healthcare leaders and managers who lead and effectively govern the health sector. This will be achieved by providing LDP Plus trainings to regional and district health teams who practice their profession in an enhanced and enabling healthcare environment where the workplace climate is very good and serves as an inspiration to others. The project will continue to train more district Improvement Teams.

In Year Two, Systems for Health plans to train the GHS Headquarters divisions of Family Health (FHD/GHS), Institutional Care (ICD/GHS), and Policy, Planning, Monitoring, and Evaluation (PPME/GHS) using Module One for the policy-level trainings. The project also plans to train the regional hospitals in the Greater Accra and Volta regions using Module Two. Module Two trainings will target regional and district health teams. The district health teams who are trained will, in turn, form and train operational-level Improvement Teams using Module Three. These health teams will be trained to develop proposals for funding to organizations to provide them with sustainable resources to carry out their improvement activities in their various districts. The Systems for Health project will also award Performance-based Grants to the district Improvement Teams as needed.

Health Information Systems

Background and Context

Systems for Health's overarching strategic approach is to work collaboratively with the GHS at all levels to strengthen health information systems. Ghana's web-based platform, District Health Management Information System II (DHIMS 2), enables the entry of health service data from health facilities on a monthly basis. The data, therefore, becomes accessible to address the reporting and analysis needs of providers and managers at the national, regional, district, sub-district, and facility level. Despite the widespread accessibility of service delivery data through DHIMS 2, it is still underutilized by many providers and managers as a tool to continuously assess and improve health service delivery outcomes. This critical analysis of data on a regular basis is necessary to address gaps in the provision of services and coverage, thus promoting equitable access to quality care, particularly for mothers and children.

Facilities receiving integrated coaching visits (Jan-Jun 2015)
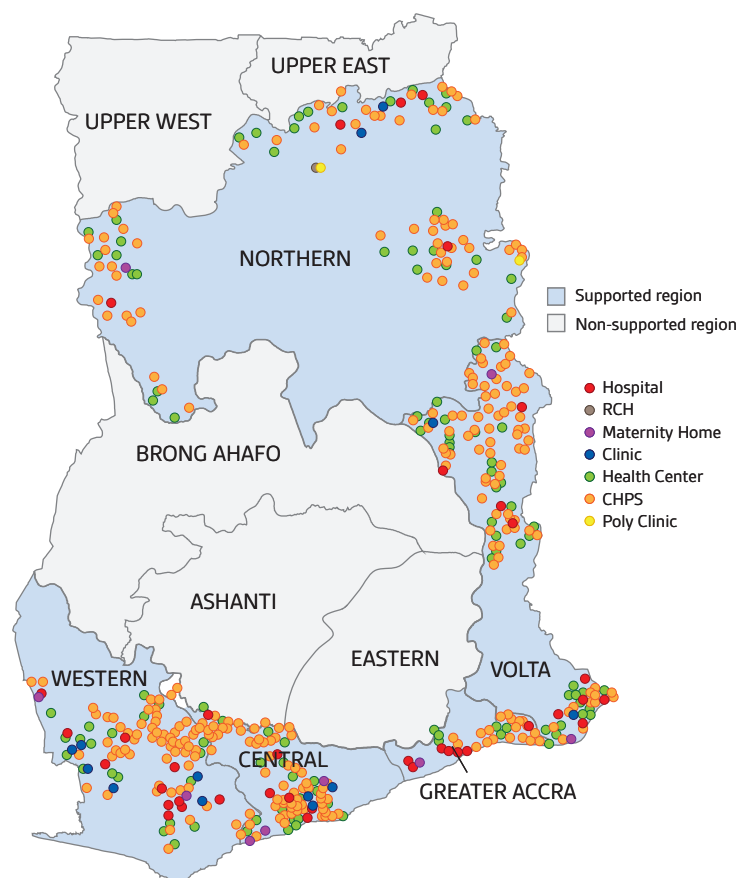
Key Accomplishments

Improving Data Quality and Use

In Year One, the project collaborated with GHS to conduct integrated coaching and follow-up visits to 643 facilities in 38 districts with the opportunity to increase staff understanding of registers, reporting forms, and indicators as well as to identify and address other clinical or service delivery issues. Coaching teams included a range of GHS staff such as regional and district Health Information Officers (HIOs), district public health nurses, district disease control officers, nutrition focal persons, and national health information management staff from the Policy, Planning, Monitoring, and Evaluation Division/Center for Health Information Management (PPME/CHIM) of GHS. Prior to each visit, coaching teams reviewed facility-level data in DHIMS 2 to identify potential areas of concern related to accuracy or completeness of data. Then, the coaching teams worked closely with facility-level staff to promote a more comprehensive understanding of how to complete the relevant registers and forms, particularly those related to high impact services in: maternal, neonatal, and child health (MNCH); family planning/reproductive health (FP/RH), nutrition, and malaria. In addition, the involvement of technical staff persons (including health information officers) made it possible for teams to coach on other facility-level issues such as treatment according to clinical protocols, storage of commodities, and infection prevention and control, among other issues. The inclusion of national staff from CHIM on some coaching teams enabled systemic-level issues to be identified and shared with PPME GHS for further discussion and action.

The development of action plans at each facility enabled staff to document gaps, provide coaching, and take action to improve upon data management. All action plans contained clear timelines and assigned persons responsible for ensuring that proposed actions are taken. During follow-up visits, staff observed noticeable improvements in facility data. These improvements are being quantified and will be shared in subsequent reporting periods.

Support for Data Reviews and Use of Data for Decision-Making at all Levels

In Year One, the project provided technical and financial assistance to GHS to develop and introduce the Reproductive, Maternal, Neonatal, and Child Health (RMNCH) scorecard. The scorecard is a web-based information and accountability

" Just imagine what was going on at the facilities. Because we have never moved out to find out details and talk to them like the way you organize it, we have never noticed that challenge. That means we have been taking garbage; we have been keeping garbage for a long time. But because we don't actually move out to sit with them to find out whether that is the right thing they're doing or not, we don't know. ...I've been in the Ghana Health Service for the past six years and we've never noticed it. So, I think it is a very good exercise and I am recommending that if we're able to scale up to other districts it will improve our data in the region."

– Regional Health Information Officer, GHS, shared during midyear performance review meeting

framework used to strengthen and harmonize reporting processes linked to ending preventable child and maternal deaths. It is used as a management tool where a range of stakeholders access validated indicators (largely from DHIMS 2) and is also used as a tool to monitor progress and take action towards achieving Millennium Development Goals (MDG) 4 and 5. Overall, the project trained 233 staff in Greater Accra, Volta, and Western Region in the use of the scorecard. In addition, supportive supervision trainees utilized the scorecard to help identify service areas to target during their upcoming visits.

Systems for Health worked closely with GHS to integrate data review as a key component of each region's midyear performance review meeting. For each region, the project sponsored and co-facilitated an additional day for the regional and district representatives to discuss the findings from coaching visits and the status of data in their regions. These discussions provided the opportunity to collaboratively propose ideas for enhancing quality data capture and reporting. For example, in Central Region, districts were challenged to begin budgeting for printing of registers in the annual budgets. In addition, the leadership in Western Region challenged districts to begin holding monthly data validation meetings with their facilities to enhance data quality.

Health workers participate in Systems for Health RMNCH Scorecard Training

Positive Impact of Coaching Visits on Technical Services

Improvements in antenatal care: The identification of gaps such as limited recordkeeping of anemia screening at registration and estimated date of delivery in the antenatal care (ANC) register in some facilities has led to improved coaching to health workers on the importance of documenting these risk factors and ensuring women receive appropriate care and lab testing. Thus, many facilities are now referring ANC clients to laboratories that provide these services (and documenting results thereafter in the ANC register).

Improvements in drug management: Coaching visits often helped identify expired commodities such as Vitamin A and HIV test kits for ANC clients. Thus, stock management in these facilities has led to improved forecasting and redistribution of some commodities to facilities with greater need.

Building for the Future/Looking Ahead

In Year Two, the project will expand its work with GHS to 75 districts (Northern—18, Volta—18, Western—13, Central—13, and Greater Accra—13), including 39 new districts. Coaching skills will be enhanced in the areas of completion and review of reporting forms and registers; data entry and analysis; and use of data for improved decision-making. Furthermore, the project will plan closely with GHS and other technical areas of Systems for Health to more fully integrate these visits to address technical issues (including clinical training follow-up, supply chain, etc.). This will ensure more efficient use of project resources to address multiple issues during each coaching visit. The project will continue to support the systematic integration of data review and its appropriate use in existing platforms such as regional performance review meetings, peer review meetings, and technical trainings.

Health Financing

Background and Context

The MOH of Ghana is currently undertaking two related financing initiatives to strengthen primary healthcare. These include (1) expansion of capitation payment for a defined package of primary care services through the National Health Insurance Scheme (NHIS) and (2) increasing health worker motivation. Health workers are being motivated through the implementation of a community performance-based financing (PBF) scheme to incentivize comprehensive coverage of key maternal and child health interventions. Systems for Health seeks to support Ghana in aligning its health financing mechanisms with the goal of improving the efficiency and effectiveness of the primary healthcare system. Towards this end, Systems for Health is leveraging and integrating its support into Ghana's own health financing initiatives as opposed to creating new, fragmented, and difficult-to-sustain approaches. Proposed activities for Year One built upon prior work, current institutions, and ongoing development of policies and programs in Ghana's health sector, especially related to the revised CHPS Implementation Guidelines.

Key Accomplishments

Performance-Based Grants

Systems for Health built upon previous USAID grant experience in Ghana and designed five regional-level fixed amount awards (FAAs) for supportive supervision. These awards, in which payments are based upon the achievement of key milestones, were designed to provide funds for two rounds of integrated supportive supervision in malaria case management and/or malaria in pregnancy and select components of MNCH, nutrition, and FP/RH.

The project structured the grants to encourage the use of data to plan visits, promote integration, and ensure continuity between supervision visits. Trainings included support to district supervisors in each region to analyze and review their health data from key indicators in MNCH, FP/RH, malaria, and/or nutrition. This analysis enabled the prioritization of challenging indicators and focused supportive supervision in those key areas to achieve maximum results. Systems for Health incorporated incentives into grants as described in the highlight box.

HIGHLIGHT

Performance Incentives for Supportive Supervision

Systems for Health's FAA grants were designed to promote:

Data Use and Integration: District teams analyze DHIMS 2 data to select priority indicators and supervise services related to the selected indicators. Districts are incentivized for showing evidence of integration by covering at least two different technical areas during supervision.

Continuity and follow-up: Commonly, district supervision ends after a visit to the health facilities. Teams are now incentivized for continuity and follow-up between supervision visits by actively ensuring implementation of facility action plans developed to address challenges identified during the first round of supervision.

Financial Management

Systems for Health provided orientation on FAA grant management and documentation of milestones to 359 GHS regional and district heads and other senior staff from Greater Accra, Central, Northern, and Western Regions. The orientation emphasized key USAID cost principles including ensuring that costs are allowable, allocable, and reasonable.

In addition, the project conducted a Financial Management Capacity Assessment of five Regional Health Management Teams (RHMTs) and 112 District Health Management Teams (DHMTs) using a project-designed tool derived from the Non- US Organization Pre-Award Survey (NUPAS) tool. Findings indicate that while all RHMTs have adequate capacity in managing funds per USAID standards, less than 20% of DHMTs have this capacity. In Year Two, Systems for Health will provide targeted technical assistance to increase financial management capacity in priority districts across all five Systems for Health regions.

Community Performance-Based Financing

Working closely with GHS and the World Bank, the project has supported the design and implementation of the Community Performance-Based Financing (cPBF) Pilot. Project inputs include participation in key stakeholder meetings as well as in the monitoring and supervision of the pre-pilot and sharing of identified gaps with stakeholders.

Key gaps identified included the fact that the cPBF Concept is not well understood at district, sub-district, and CHPS zone levels and that access to indicators in routine data is not always straightforward. Challenges related to identified data are currently being addressed by GHS with the roll out of the eTracker (a transactional database) in the pre-pilot districts. Systems for Health will continue to serve on the Technical Working Group (TWG) and provide assistance in the area of supportive supervision.

> **HIGHLIGHT**
>
> Key Components of the cPBF Pilot
>
> The World Bank is funding GHS to pilot a Community Performance-Based Financing design which seeks to incentivize Community Health Teams (CHTs) made up of Community Health Officers (CHO) and Community Health Volunteers (CHV) to achieve selected maternal and child health targets. CHTs will receive incentives quarterly based on five key indicators:
>
> 1. Number of pregnant women and children under five years in the intervention communities registered with the NHIS
>
> 2. Number of pregnant women making the first antenatal visit in the first trimester in the intervention areas
>
> 3. Number of pregnant women in the intervention areas receiving at least four quality antenatal visits and delivering in a health facility
>
> 4. Number of mothers and neonates (who delivered in the intervention area) receiving at least two postnatal visits of which the first should be within 48 hours and the second by the end of the seventh day after delivery
>
> 5. Number of children under two years monitored (weighed) continuously for the last three months

Roll out of Capitation

Site visits and stakeholder consultations revealed the need to harmonize PBF and capitation designs. To this end, the project worked closely with key stakeholders to achieve the following milestones in the harmonization process:

1. Systems for Health facilitated the formation of a technical working group on the harmonization of PBF and capitation with representation from MOH, GHS, the National Health Insurance Authority (NHIA), the World Bank, and USAID and served as the secretariat for the group.

2. Systems for Health drafted and shared a concept note on the PBF/capitation alignment with the stakeholders involved in the technical working group.

As a first step, the concept note proposes to pilot Preferred Primary Care Provider (PPP) Network formation for capitation using PBF. Systems for Health has received approval from the MOH to implement this pilot in Year Two. Systems for Health is leading the design process and implementation of the PPP Network Pilot. The TWG has agreed on a consultant to facilitate the high-level process and a field-based consultant to support this ongoing work. The senior consultant is expected to facilitate a cross-agency design process and develop a high-level work plan for the PPP network pilot as well as identify funding needs, available resources, and funding gaps, and explore options for mobilizing resources and draft proposals as needed.

Building for the Future/Looking Ahead

Health financing activities in Year One have clearly focused direction on providing support to Ghana for the alignment of its health financing mechanisms in order to best achieve the goal of universal coverage. In Year Two, Systems for Health will continue its supportive role in the cPBF pilot and lead the harmonization process by piloting PPP Networks formation in close collaboration with key stakeholders including MOH/GHS and NHIA.

> **HIGHLIGHT**
>
> Harmonization of PBF and Capitation
>
> **Capitation and Performance-Based Financing** represent two financing mechanisms that aim to elicit specific behavioral responses from providers and community health volunteers. Capitation pays providers in advance to deliver a determined package of benefits according to the number of people enrolled with them. It incentivizes providers to focus on a proactive population management approach. PBF focuses on incentivizing achievement of key coverage targets.
>
> The success of each reform **relies on formalized relationships**. Systems for Health has initiated the process to test how PBF and capitation could be leveraged as a joint strategy by using PBF to incentivize the formation of networks for capitation and work out a number of the administrative, financial, and supervisory relationships that need to be formalized for the network to function.

Lessons learned from the initial FAA grants will be utilized to expand these awards to cover cross-cutting interventions over the four project areas of MNCH, FP/RH, malaria, and nutrition. The FAAs will be used to support quality improvement activities including supervision, coaching, training, coordination meetings, community mobilization, and other activities to strengthen the health system. In addition, grants will also be linked to LDP/QI interventions to provide funding for solving QI challenges at the local level, including addressing such issues as access to services for underserved areas and staffing in hard-to-reach areas. In this way, investments in leadership development can be directly associated with changes in service access, availability, quality, and/or use.

Supply Chain and Logistics

Background and Context

Systems for Health's supply chain management activities are aimed at improving the availability of quality, safe, and effective health products at service delivery points and facilities in the five Systems for Health regions. An effective supply chain requires skilled and engaged workers with the necessary tools, infrastructure, and technical support; timely monitoring and reporting of supply status; and a functional and responsive distribution system.

There have been widespread and in some cases sporadic stock outs of health commodities as a result of poor commodity distribution and weak Logistics Management Information Systems (LMIS). Inadequate stock keeping practices result in GHS stores still experiencing stock outs and expiries due to both overstocking and clutter. In most health facilities, the store is fragmented into pharmacy, laboratory, maternity, and family planning. Each of these segregated stores is managed by different staff. Most often these staff do not understand their collective responsibility

Community Health Nurse updates an inventory control card

for the stock of the entire health facility and will therefore not order and/or transport commodities perceived to belong to another store. Each health facility can have a mix of well-managed and poorly-managed stores, signifying a lack of consistency in how supply chain management is being conducted.

The efficiency and effectiveness of any supply chain system is hinged on four broad areas: skilled work force; infrastructure; required systems and procedures to monitor and distribute supplies; and Job Aids for performing logistics management activities. Any activities which are aimed towards strengthening or improving the supply chain system must, therefore, directly or indirectly target one or a combination of these four broad areas.

Key Accomplishments

Capacity Building

A functional health system requires skilled and motivated staff for optimal results. In Year One, Systems for Health, along with GHS counterparts, conducted a Training of Trainers (ToT) for 27 regional and district-level Supply Chain Managers on logistics management of public sector health commodities. In turn, these trainers facilitated the cascade training of 59 Community Health Nurses (CHNs)/CHOs, Midwives, and other essential staff from two districts in the Northern and Volta Regions.

In Year Two, trainings will be expanded to cover more regions and additional staff. Moreover, staff will be provided with training follow-up through integrated coaching visits.

Printing and Distribution of 150,000 Inventory Control Cards

Logistics Management Information Systems is crucial in improving logistics systems and hence commodity availability. The inventory control card is the primary LMIS tool used to track commodity availability at all levels of the supply chain system. To support improved logistics management and to address systematic gaps in availability, the project printed 150,000 inventory control cards and distributed them to the five Systems for Health regions (30,000 per region).

Early Warning System

The Early Warning System (EWS) is a short message service (SMS)-based stock reporting system, which operates by requiring health facility staff to send weekly text messages from their mobile phones to report the stock levels of a subset of tracer commodities. To increase and sustain the use of the Early Warning System, the project provided on-site technical assistance and support to implement EWS in 21 districts (nine in Central Region, five in Greater Accra, and seven in Western Region). As part of this technical assistance, the project identified a need to update the list of tracer commodities reported through the EWS in select health facilities. Additionally, the project worked to ensure that every facility visited had a designated EWS reporter. The regions and districts were encouraged to own and use the EWS, and usage of the EWS at management and facility levels have improved following these training visits. Many of the onsite visits were integrated with the coaching visits discussed in the Health Information Systems section.

Systems for Health also leveraged its existing partnership with the DELIVER project to scale up the EWS to five districts in the Northern Region: Bole, Sawla-Tuna-Kalba, Bunkpurugu- Yunyuo, Mamprugu East, and Yendi districts.

Participation in National- and Regional-Level Commodity Security Working Groups

Systems for Health attended and participated in several Inter-Agency Coordinating Committee on Commodity Security (ICC-CS) meetings to discuss contraceptive security issues and updates from FP/RH partners. In these meetings, funding gaps for contraceptives were discussed and commitments solicited from partners. During these meetings any duplication of efforts and funds by partners related to FP commodity security were identified and resolved. The project also participated in the preparation of Contraceptive Procurement Tables for 2015 to 2017.

Early Warning System Reporting Rates

District	Dates of Visit	Pre-Assistance Reporting Rate	Post-Assistance Reporting Rate (as of October 2015)
Ada West (Greater Accra)	February 2015	0%	80%
Bibiani-Anhwiaso-Bekwai (Western Region)	July 2015	35%	95%
Upper Denkyira East (Central Region)	March 2015	25%	95%

Building for the Future/Looking Ahead

Systems for Health, in partnership with GHS, will build on its experience, foundation, and achievements in Year One and support integration of key technical activities in Year Two.

Primary objectives for Systems for Health's supply chain activities in Year Two include:

1. To build the capacity of CHOs, CHNs, storekeepers, and logistics staff to manage public health commodities in line with guiding principles, enabling them to provide more effective and efficient service and meet the needs and expectations of the customer.

2. To improve the infrastructure for storage of health products at facilities and warehouses so as to ensure commodity security and integrity.

3. To reinforce the required systems and procedures necessary to monitor supply status and distribute products effectively; and provide supportive supervision (on the job training) of supply chain managers.

4. To reproduce, disseminate, and utilize job aids for performing logistics management procedures and managing health commodities.

Malaria

Background and Context

Malaria prevalence in children (6 - 59 months) is estimated at 27% in Ghana (GDHS 2014). The National Malaria Control Program (NMCP) of the GHS has set out its program in the Ghana Malaria Strategic Plan 2014–2020, with the objective of reducing malaria morbidity and mortality by 75% by the year 2020 (using 2012 as the baseline).

Systems for Health's approach to supporting NMCP focuses on two key areas: prevention of malaria in pregnancy and improved case management (i.e. better diagnosis and treatment) of malaria in the public and private sectors. Other closely related Systems for Health support areas that impact malaria include MNCH, supply chain management, CHPS programming, community mobilization, and health information systems. Year One activities laid a solid foundation for the scale up of service provider training on intermittent preventive treatment of pregnant women with Sulfadoxine-Pyrimethamine (IPTp-SP), the use of Rapid Diagnostic Tests (RDTs), and malaria case management.

Key Accomplishments

Reinforced National Coordination and Technical Integration

Transitioning from the MalariaCare Project, Systems for Health established productive working relationships with the NMCP and its partners. The project helped to revitalize the quarterly Malaria Inter Agency Coordinating Committee and its Technical Working Groups on Malaria Case Management, integrated Community Case Management (iCCM), and Malaria in Pregnancy (MIP).

RDT testing being conducted at World Malaria Day launch in Volta region sponsored by Systems for Health

Technical support was provided to the development of MIP guidelines and the integration of other malaria activities within GHS. These new MIP materials were printed and distributed to facilities and trainers. Malaria was also incorporated within the supportive supervision model which will enable improved quality of services along the continuum of care.

Systems for Health also collaborated with NMCP and other partners to strengthen behavior change activities. This included support for World Malaria Day celebrations in Northern and Volta Regions where the public were educated about preventing malaria and using available health services.

Provider Capacity Strengthening

Health provider trainings and supportive supervision began during Year One. Malaria case management trainings were conducted for 688 public and private sector health workers (mainly doctors and physician assistants). Related to this, Systems for Health has agreed to support GHS implementation of the WHO Test, Treat, and Track strategy designed to ensure that health providers diagnose malaria accurately and treat when appropriate. All suspected malaria cases are to be tested and confirmed using RDTs or microscopy before treatment. While widely accepted, the strategy is not yet routinely implemented at facilities, particularly at sub-district level.

An innovative CHO internship program was developed to strengthen fever case management. This will provide 180 CHOs the opportunity to better understand and treat fevers unrelated to malaria at a health facility. This strategy received wide support during consultative meetings. Five CHOs will be chosen from each sub-district to spend five to seven days at a health facility where they will work through management guidelines and receive on-site coaching. Facilitators' training was completed in Volta Region with the remaining regions to follow.

One round of integrated supportive supervision visits were completed in the Greater Accra Region and the other four regions are in the process of doing the same. Data quality coaching visits to 643

A CHO taking a blood sample for malaria testing

health facilities across the five regions have been conducted and the follow-up and action plans will improve record keeping and data use for malaria and other technical areas.

Building for the Future/Looking Ahead

GHS is now well placed to scale up malaria-related training and supportive supervision all the way to the CHPS level to ensure compliance with guidelines. Particular attention will be focused on IPTp uptake to improve on the IPT three to five coverage by exploring additional ways besides ANC clinics to deliver IPT to eligible pregnant women.

Maternal Neonatal and Child Health (MNCH)

Background and Context

MNCH service coverage and outcomes have improved dramatically in Ghana, particularly over the last decade. According to the Ghana Demographic and Health Survey (DHS) (2014), neonatal mortality has decreased from 77 (1988) to 41 (2014) deaths per 1,000 births, child mortality has reduced from 84 to 19 deaths per 1,000 children surviving to the age of 12 months, and under-five mortality has declined from 155 to 60 deaths per 1,000 live births. Service use has also steadily increased over the same period, with skilled antenatal care improving from 82% (1988) to 97% (2014), facility-based deliveries climbing from 42% (1988) to 73% (2014), and skilled birth attendance growing from 40% (1988) to 74% (2014) of deliveries (GDHS 2014). A major area of concern is Ghana's neonatal mortality rate, which seems to be stagnating around 30 deaths per 1,000 live births and accounts for 40% of deaths of children under the age of five (Ghana National Newborn Health Strategy and Action Plan, 2014-2018).

At a national level, Ghana has the required policies and guidelines to address MNCH along the continuum of care. Health service delivery,

Nurse provides group education during ANC clinic. Taken during Systems for Health baseline assessment visit in Central Region

however, has been hampered by a lack of comprehensively skilled providers. Many have not been able to access up-to-date training and supervision across their required MNCH skill areas. Systems for Health's support for FHD/GHS's MNCH program centered around preparations for the accelerated scale up of MNCH training in the areas of LSS/EmONC, Essential Newborn Care (ENC), Emergency Triage Assessment and Treatment (ETAT), and finally, IMNCI.

Key Accomplishments

Strengthened MNCH Implementation Strategy

Systems for Health was closely involved with the review of national MNCH policies, operational plans, guidelines, and protocols during Year One. With numerous skill areas and stakeholders involved, the project contributed to efforts made by GHS to coordinate and align activities to accelerate MNCH service delivery.

The Make Every Baby Count Initiative (MEBCI), a PATH initiative, was reviewed through a number of FHD/GHS consultation meetings to ensure consistency with the

National Newborn Health Strategy. GHS supports MEBCI, which is an integrated approach to addressing prematurity, infection, and asphyxia including Helping Babies Breathe (HBB), Essential Care for Every Baby (ECEB), and Infection Prevention and Control (IPC). National and regional trainers were identified prior to the initiation of master training.

An MOH/GHS TWG was formed to address the LSS/EmONC training strategy. The training approach was changed from a two-week, off-site training to an on-site, self-paced learning approach. The new design is divided into three modules: (1) Foundation (including gender-related factors in service delivery); (2) Essential Maternal and Newborn Care (in two parts); and (3) Emergency Obstetric and Neonatal Care. The TWG has nominated Volta Region to start the first training of midwives in the new training package for subsequent scaling up into other regions in the country. A similar review of IMNCI training manuals and Child Health Record Books took place to ensure they were consistent with WHO recommendations and relevant national data.

The project also supported an elaborate review process for pediatric and obstetric ETAT training rollout. The strategy was to develop capacity at the regions through the regional hospitals and then empower them to train and supervise other district and municipal hospitals. A range of stakeholders including Regional Health Directorates, Teaching Hospitals, and hospital managers were included to ensure support for the strategy.

Improved MNCH Training Capacity for Rollout

Systems for Health supported the training of trainers and the procurement of associated materials for training and services for ETAT, IMNCI, and the MEBCI project. A total of 25 regional trainers received IMNCI training and these master trainers began rollout by training 24 service providers in IMNCI in the Greater Accra Region.

For ETAT, 36 trainers were trained from ten regional, municipal, and district hospitals. This included:

1. Northern Region — Yendi District Hospital, Central Tamale, and West Tamale Hospitals;

2. Volta Region — Regional and South Dayi District Hospitals;

3. Central Region — Municipal and Cape Coast Teaching Hospitals;

4. Western Region — Effia Nkwanta Regional Hospital; and

5. Greater Accra Region — La General and Ridge Regional Hospitals.

District Public Health Nurse and Systems for Health staff build the capacity of CHN and other facility staff to identify gaps in health delivery during coaching visit

These ETAT trainers will then conduct cascade training and support for providers at facilities in their area.

The project supported GHS training for 264 CHNs and CHOs and other nurses and midwives. This training focused on the use of the Child Health Record Book, including proper recording and monitoring of weight, growth promotion, immunization, and counseling of mother and infant nutrition.

Key materials and equipment were provided for all trainings, including 200 copies of the IMNCI training manuals, 200,000 Child Health Record Books, and 200,000 Maternal Health Record Books.

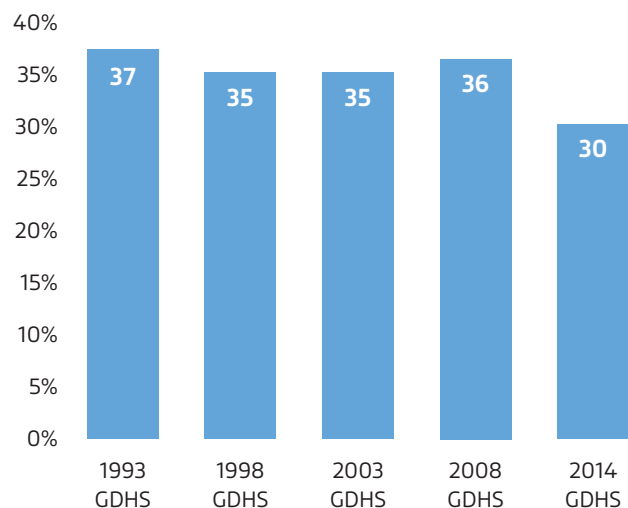### *Building for the Future/Looking Ahead*

These foundational activities have enabled accelerated rollout of MNCH trainings in Year Two. Facilities and service providers will be implementing ETAT, LSS/EmONC, IMNCI, home-based LSS, and ENC with routine supervision to improve the access and quality of birth outcomes for clients that visit these facilities. The supervisees and supervisors will be trained together, where possible, to help develop a sound professional relationship that is centered on problem solving. Year Two will also see the implementation of the Oxytocin Time-Temperature Indicator study with the results and report available for possible scale up nationally.

Family Planning and Reproductive Health

Background and Context

Ghana has made meaningful but gradual progress in improving Family Planning (FP) and Reproductive Health (RH) in recent decades. Since the 1993 DHS, modern contraceptive prevalence has more than doubled to its current 22% and the total fertility rate declined by one child from 5.2 to 4.2 children per married woman of reproductive age (DHS 2014). Currently, the proportion of teenagers who have

Trends in unmet need for family planning: Percent of currently married women age 15-49

Year	Percent
1993 GDHS	37
1998 GDHS	35
2003 GDHS	35
2008 GDHS	36
2014 GDHS	30

Demand for family planning in Ghana: Percent of currently married women age 15-49

Category	Percent
Unmet need	30
Met need	27
Total demand	57
Demand satisfied	47
Demand satisfied by moden methods	39

begun childbearing rises rapidly with age, from 1 % at age 15 to 31% at age 19. Unmet need for family planning is as high as 51% among currently married women aged 15 to 19 years, 42% among sexually-active unmarried women, and 30% among married women of reproductive age (GDHS 2014).
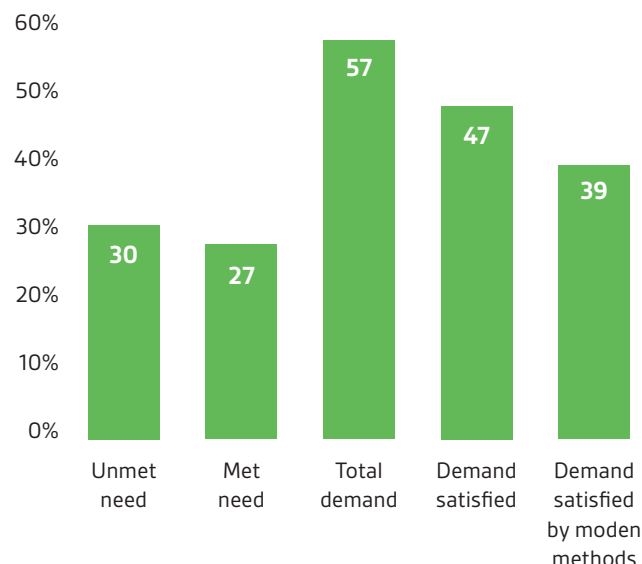
Although the MOH/GHS has established progressive FP and RH policies and programs, implementation challenges remain. These include inconsistently available commodities, insufficiently trained providers, and significant provider bias against young, unmarried women. Systems for Health's efforts for supporting GHS focus on the range of modern contraceptive methods available (particularly long-acting reversible methods), postpartum FP, post-abortion care, and youth and adolescent-friendly services. Year One activities prioritized national-level technical support and strengthening regional and district-level training.

Key Accomplishments

Accelerated FP Training at Regional and District Levels

Systems for Health assisted GHS at the national and regional levels to enhance training capacity and quality for scale-up of FP training for service providers. FP/RH trainings have typically been rolled out by national resource persons to district-level service providers. Instead, the project worked

to create a more efficient cascade training plan by selecting and training national and regional FP/RH resource persons. Ten national resource persons were given training updates to enable them to support regional resource persons, while 61 regional resource persons completed FP master training and received training equipment and materials. They, in turn, trained a total of 89 CHNs/CHOs on implant insertion and removal in the Western, Central, Greater Accra, Northern, and Volta Regions. Another 62 midwives were trained on FP counseling in the Greater Accra, Central, and Western Regions. After the National FP Program switched from Implanon Classic to Implanon NXT in August 2015, 40 regional resource persons from three of the five regions received training updates.

National Advocacy and Technical Support

Systems for Health collaborated with National Population Council, GHS, and their technical partners to help strengthen the case for investment in FP. The project contributed to the Population Reference Bureau's effort to develop the ENGAGE advocacy tool, "Ghana on the Rise," as well as the Futures Group (Palladium) initiative to develop the Family Planning Costed Implementation Plan (both launched September 2015). Further technical inputs were provided to the GHS review of its Adolescent Health and Development (ADHD) Manual, FP Register, Client Record Book, and the National Family Planning Protocols.

Building for the Future/Looking Ahead

The relationships and training strategies established in Year One provide a good basis for scaling up training across a number of priority FP/RH technical areas in Year Two. A key focus will be to improve the training selection and post-training performance of service providers. Systems for Health will work with FHD/GHS to build a district team approach to FP/RH service delivery. The project will facilitate discussions with DHMTs and District Public Health Nurses to map out the location of midwives and CHNs/CHOs to form clusters of one midwife to five-eight CHNs/CHOs in each cluster. This cluster will serve as the unit for capacity development, integrated service delivery, and referral for priority interventions in FP and MNCH services.

Nutrition

Background and Context

Maternal and child malnutrition remain a concern in Ghana despite significant improvements over the last 20 years. According to the Ghana DHS (2014), 19% of children under five years are stunted (height-for-age), 5% are wasted (weight-for-height), and 11% are underweight (weight-for-age). Anemia prevalence is 66% among children 6-59 months and 42% among women 15-49 years. Large regional disparities persist, with the Northern, Central, and Volta regions among the most undernourished in the country.

Percentage of children under 5 stunted, wasted, and underweight in Ghana (GDHS)
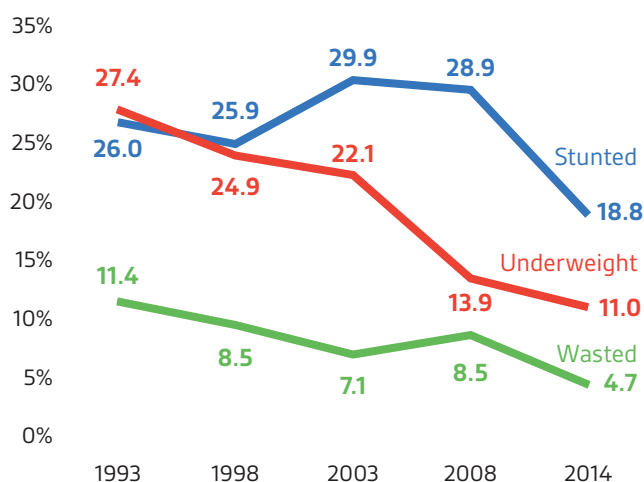
As a result of the commitment of GHS to maternal and child nutrition and the support of Systems for Health, substantial progress has been made at the national level. The National Nutrition Policy has been developed and the GoG has adopted key global nutrition initiatives, such as the Essential Nutrition Actions (ENA) framework and the Scaling Up Nutrition movement. National coordination bodies are in place, namely the Cross-Sectoral Planning Group under the National Development Planning Commission and the GHS National Nutrition Partners Coordination Committee. The health system challenge remains that providers have not received the consistent and comprehensive support necessary to deliver quality nutrition services along the MNCH continuum of care.

Centered on the ENA framework, Systems for Health, in collaboration with GHS, prioritized improving provider capacity to deliver high quality nutritional care within the range of services offered. Year One nutrition activities focused on building a national and regional platform for the rollout of service provider training.

Key Accomplishments

Reinforced National Coordination and Technical Review

The project provided technical inputs and momentum to GHS coordination and guideline review processes related to the prevention and management of maternal and child nutrition. The priority for Year One was completion of an update to the GHS ENA guideline with Systems for Health, SPRING, and RING support. This national manual for the global ENA strategy includes provider and trainer guidelines, job aids for nutrition assessments, and counseling within the MNCH continuum of care.

Systems for Health also played a key role in revising other national strategies and guidelines. The Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) guidelines were enhanced to incorporate UNICEF and WHO updates on these global strategies and the nutrition-related components of Ebola management guidelines. Additionally, maternal anemia content was added to the Malaria in Pregnancy and Focused Antenatal Care training. These national-level activities created a foundation for GHS rollout of nutrition-related training for service providers.

Systems for Health M&E Advisor, District Disease Control Officer, and CHN during data coaching visit to the Tinguri CHPS facility

Strengthened Regional Nutrition Training

At the regional level, Systems for Health worked with GHS to enhance the quality of key nutrition-related training for master trainers. Systems for Health played a leading role in the rollout of the training on the ENA guidelines and also contributed to Lactation Management training. A total of 45 participants completed the ENA training, including seven GHS trainers from each of five regions, nine national-level GHS trainers, a trainer from SPRING, and a trainer from RING. Systems for Health participated in the GHS Lactation Management master training by offering guidance to lead trainers on approaches to learning and technical content. Assessors from the Baby Friendly Hospital Initiative were included to strengthen their assessments. These master trainers for ENA and Lactation Management can now begin training and supporting service providers and CHOs in their regions.

Essential groundwork was laid by Systems for Health for the rollout of nutrition-related training by working closely with District Nutrition Officers during their quarterly review meetings. Efforts were made to ensure they were aware of relevant national policy and guideline updates and training rollout plans. The rollout of
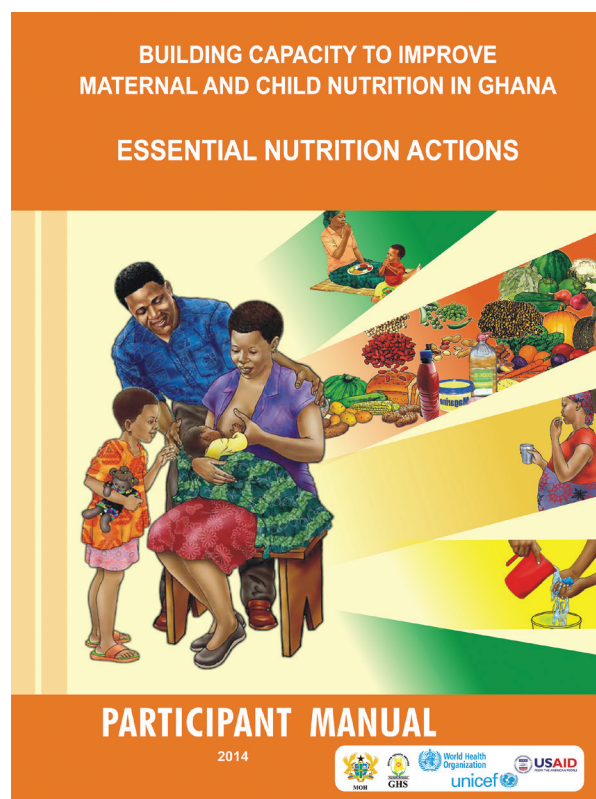
Cover of the revised Essential Nutrition Actions Manual, 2014

training would not be possible without District Nutrition Officer support and participation.

Building for the Future/Looking Ahead

In Year One, Systems for Health support has ensured that GHS is better placed to expand the number of facilities able to provide quality preventive and curative nutrition care. Year Two will focus on the rollout of training and supportive supervision for providers and national policy advocacy.

With national guidelines and tools completed and regional trainers in place, the project will begin supporting GHS provider training for:

1. Integrated ENA and nutrition assessment and counseling;

2. Community Management of Acute Malnutrition;

3. The prevention, diagnosis, and treatment of anemia; and

4. Lactation Management.

In line with the Systems for Health quality improvement approach, trained service providers will begin to receive supportive supervision to incorporate nutrition components into their daily routines in Year Two. At the national level, the project will also provide advocacy support for the Cabinet approval of the National Nutrition Policy.

Quality Improvement and Supportive Supervision

Background and Context

To ensure that quality services are delivered for every client at every encounter, Systems for Health is working with GHS to strengthen the technical capacity of providers to deliver integrated health services. This work is in conjunction with cross-cutting project support in other technical areas to enhance management support systems, increase technical competence, promote a culture of data use, and utilize shared learning approaches to continuously improve

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HIGHLIGHT

Support for Service Provider Use of Nutritional Data

While most nutrition activities during Year One took place at the national and regional levels, Systems for Health also provided some support directly to service providers. This support included training in partnership with GHS of 264 service providers on the use of the Child Health Record Book, including plotting and interpretation of child health data and nutrition counseling based on observed trends.

In addition to this, 643 health facilities received integrated coaching to improve the quality of routine data collection and reporting. Systems for Health technical staff worked closely with GHS to identify and target these coaching visits to address key inconsistencies in health-facility reporting. During one GHS Regional Performance Review meeting, a nutrition indicator was found to be over reported, that of children put to the breast within one hour of birth. As part of the next coaching visit, a team comprised of Systems for Health staff, a regional nutrition point person, a national-level Health Information Officer, and a regional-level Health Information Officer were able to uncover why the indicator percentage was incorrect. This is what they found: *Upon initial interviews with facility-level midwives, it became apparent that the numbers the providers had reported on the Monthly Midwifery Form were not accurately reflected in the DHIMS 2 data. It was the nutrition point person who, having knowledge of the data, pin-pointed an error in the reporting process of this particular indicator. Midwives would record their observations of breastfeeding within the first hour of birth on the Monthly Midwifery Form, then, it would be recorded again based on feedback from the mother during home visits by community health workers on the Monthly Nutrition Report. The data reported on the two forms was then linked into the same reporting cells within the DHIMS 2 System. However, the system would only recognize the figure on the last form to be entered in DHIMS 2, which is frequently the Monthly Nutrition Report data. This was falsely elevating breastfeeding rates because the denominator was still based only on the number of facility-based deliveries, but the observation for the numerator included many home births, as well. Thus, skewing vital data.*

Through these coaching visits, technical experts were able to work with the facility staff to identify the data gaps, while the National and Regional Health Information Officers were able to immediately scale-up the corrections (un-linking the forms) at the national level. The integrated coaching teams were therefore able to systematically identify the problem and implement an efficient and comprehensive solution for all facilities experiencing the same data quality issue.

service delivery. This is being accomplished through joint efforts with GHS at all levels to implement approaches that will close the gap between the current and expected levels of quality, particularly for high-impact services that address drivers of maternal and child morbidity and mortality.

Key Accomplishments

Quality Improvement, including supportive supervision, is a longstanding component of health sector interventions in Ghana. Recognizing the long and rich history of QI interventions in the country, the project supported GHS and other implementing partners to identify best practices in QI and start the process of harmonizing approaches to QI in the health sector. With the accomplishment of a number of key milestones in Year One, GHS and Systems for Health have put in place a firm foundation for the launch of several integrated components of work, which will support all of the project's technical areas.

National Level Strategy

USAID Systems for Health played a significant leadership role on the steering committee for the organization of the inaugural National Quality in Healthcare Forum in Ghana. The event, which aimed to rally key stakeholders around the need for a harmonized national quality strategy for healthcare, took place on September 29-30 and was attended by senior leadership of the GHS and MOH along with key representatives from health practitioners and development partners working in Ghana. On behalf of University Research

" There is no doubt that we need a national structure on quality to drive change. Thankfully, we don't need to reinvent the wheel. There are several examples around us that we can adapt including the Ugandan example. That is what we need."

– Participant, National Quality Forum

Co., LLC (URC), Dr. Augustin Muhwezi, Chief of Party for the SUSTAIN project in Uganda, presented on the Ugandan experience of developing and implementing a national quality improvement framework and strategic plan. By the end of the meeting, government and stakeholders committed to initiate the process of developing a national quality strategy

" Quality concerns all of us. We need strong leadership at all levels to turn things around. We should dress the 'bed' as though we were using it ourselves."

– Dr. Samuel Kaba, Director Institutional Care Division (ICD), National Quality Forum

for the country. Systems for Health will continue to play a key role supporting this process moving forward.

Integration

In addition, the project worked closely with GHS to establish an Integration TWG. The primary tasks of this GHS group are: (1) to identify integrated service delivery interventions (focused on MNCH, malaria, nutrition and FP/RH) concentrating on key points along the life cycle continuum; (2) to build an understanding about interventions that can be packaged, integrated, and coordinated across the life cycle and service delivery continuums; and (3) to discuss and build consensus on the process for packaging, integrating, and coordinating services. In Year One, this included conducting field visits with GHS to identify best practices in integration of select services according to national guidelines. The process will continue in Year Two with a series of activities aimed at selecting 4-5 points of integration (e.g. postpartum FP, integration of nutrition assessment, and counseling at multiple points) and developing a "how-to guide" for improving implementation of integrated services. The project will support field testing and finalization of the guide including provision of technical support to QI and/or LDP teams to utilize the guide to improve the quality of integrated services.

Supportive Supervision

Supportive supervision is widely accepted within the health sector as an effective approach to provide on-the-job training to health workers and address gaps in service delivery. In Year One, Systems for Health supported GHS to reconvene the Supervision TWG comprised of GHS staff and other implementing partners to draft national supportive supervision guidelines for health workers. These guidelines will provide supervisors at all levels of the system with a harmonized approach for effectively planning and implementing supportive supervision. Furthermore, the guidelines also outline steps for how to technically integrate supportive supervision and appropriate follow-up with supervisees.

Systems for Health Chief of Party, Steve Hawkins, presents award to frontline facility staff for QI projects at the National Quality Forum

> ❝ *This training and support by Systems is very timely. Supportive supervision is not new to us but in a long time, we haven't been able to conduct any visits because of resource constraints. Also, in the past, we did not give much attention to the use of data to effectively plan and implement supervision visits. However, with the training, we will be able to compose our teams appropriately and provide the needed coaching to improve staff performance.* ❞
>
> – Training Participant in Northern Region

During Year Two, the project will collaborate with GHS and other partners to support the finalization, field-testing, and validation of these guidelines. This support will include the development of a costed implementation plan to enable GHS at all levels to plan for the integration of supportive supervision into existing plans and budgets. While the supportive supervision guidelines were under development, the project utilized the established momentum for supportive supervision and awarded fixed amount awards to all five regions to carry out two rounds of integrated supportive supervision. To launch these efforts, the project and regional GHS staff conducted supportive supervision refresher trainings. Overall, 359 GHS regional and district supervisors from Central (84), Greater Accra (89), Northern (106), and Western (80) Regions received training, which emphasized use of data to plan and focus the technical content of supervision visits, appropriate team composition, and practical exercises to build coaching skills.

All regions (with the exception of Volta) commenced supportive supervision by the end of Year One. To date, 689 facilities and 3,175 staff have received supervision visits. The two rounds of supportive supervision both covered technical content in malaria case management and/or malaria in pregnancy in addition to at least one other technical area (MNCH, FP/RH, or nutrition), selected by each district after

> ❝ *Fantastic approach, very cordial and professional team, extremely helpful and provided several insights. Very confident such visits will undoubtedly make Ghana Health Service excellent.* ❞
>
> – Head of JILAC Specialist Clinic, Greater Accra East Municipality

review of their DHIMS 2 data. The Greater Accra Region has completed round one while supervision visits in other regions are on-going. Further details on the supportive supervision grants are available in the Health Financing section.

Building for the Future/Looking Ahead

This core foundational work in Year One is paving the way for consensus and harmonization of integrated approaches for continued strengthening of service delivery across technical areas. While these key processes are still underway, the project will intensify its rollout of QI approaches that build upon systems that are already in place. The level of support will depend on the specific needs of each region and select districts, with the aim to promote synergies among the different technical areas in which the project is providing support. Activities will emphasize shared learning opportunities among clusters of districts (including peer review and identification of sites of technical excellence), utilization of existing GHS meetings to promote sharing of ideas and joint problem solving, and convergence of support and interventions for QI and LDP at the district level and below.

HIGHLIGHT

National Quality Forum

Quality service delivery practices are often evident on the ground in Ghana, however there is a lack of consistent structure and parameters to make good practices generalizable at the national level. The USAID Systems for Health project is supporting initiatives prioritized by the GHS to create these structures which will allow quality health services to be broadly disseminated in the health system in Ghana.

During project Year One, Systems for Health played a leadership role on the steering committee to organize and facilitate the inaugural National Quality in Healthcare Forum in Ghana. The event, which aimed to rally key stakeholders around the need for a harmonized national quality strategy for healthcare, took place on September 29-30 and was attended by senior leadership of the GHS and Ministry of Health along with key representatives from health practitioners and development partners working in Ghana.

Speakers and panel members shared their insights on how the Ghanaian Health System has evolved over time and highlighted both the successes and remaining challenges to achieving higher quality services across all levels of the health system in Ghana. Dr. Augustin Muhwezi, Chief of Party for the URC-implemented USAID SUSTAIN project, represented Systems for Health as one of the primary forum speakers. Drawing from his own experience developing a national quality strategy in Uganda, he emphasized the strong commitment needed from government, health sector stakeholders, and donors to drive this process forward. "Think big, start small and start now!"

Going further than just collecting ideas and recommendations, this event succeeded in generating a collective pledge by participants to commit their efforts to the development of a National Quality Strategy. Dr. Samuel Kaba, Director of ICD/GHS concluded the forum by outlining key next steps to build upon momentum created by the event and spur the process on to completion.

Next Steps: Harmonized National Quality Strategy (NQS)

Phase 1 — Preparatory (Oct-Dec 2015)
- Form technical working group to prepare a concept paper
- Mobilize resources for developing NQS
- Incorporate into MOH Annual Program of work, 2016

Phase 2 — Development of NQS (Jan-Dec 2016)
- Map out all stakeholders in the health system
- Conduct quality landscape analysis
- Iteratively give progress report and receive feedback
- Define priorities for focused implementation

Phase 3 — Implementation of NQS (Jan 2017)
- Launch and commence implementation of NQS

Infection Prevention and Control

Background and Context

In 2014, the rapid spread of cholera in Ghana and the outbreak of Ebola in the neighboring countries of Sierra Leone, Liberia, Guinea, and Nigeria were major causes of concern for the MOH and GHS. Systems for Health collaborated with the MOH and GHS to strengthen Ghana's preparedness for Ebola as well as to strengthen infection prevention and control measures at health facilities. Infection prevention and control (IPC) in healthcare settings is a very broad field, defined by GHS as 'including all the action undertaken to prevent infections.' It encompasses aspects such as: evidence-based practices for medical and other clinical procedures; effective handling of patient care equipment and other logistics; surveillance of healthcare associated infections and antibiotic resistance; administrative controls; and environment and infrastructural considerations for limiting the speed of infections.

Key Accomplishments

National Policy and Guidelines Development

With the threat of Ebola looming in 2014, the National Policy and Guidelines for Infection Prevention and Control in Health Facilities needed to be reviewed to reflect changes in technical recommendations as well as to cover a wide range of information related to Ebola preparedness. For instance, the policy and guidelines provided broad direction for preventing viral hemorrhagic fever (VHF), but no specific guidelines for Ebola prevention and management. Systems for Health supported the ICD/GHS to convene a technical working group to update the 2009 national IPC policy and guidelines. National-level stakeholders and government representatives as well as the development community validated the updated document in January 2015.

IPC Curriculum Development

After the validation of the updated policy and guidelines, there was a growing demand for training materials that reflected updated technical guidance and responded to the needs for improved IPC in healthcare settings in Ghana. In response to this, Systems for Health supported the ICD/GHS to develop a comprehensive competency-based IPC training package using adult learning approaches. The 15-member

National Policy and Guidelines
for Infection Prevention and Control
in Health Care Settings

Ministry of Health, Ghana
2015

Cover of the revised National Policy and Guidelines for IPC in Health Care Settings, 2015

IPC TWG contributed to the development of adult learning approaches in competency-based IPC training curriculum in Ghana. Over a series of two workshops, the group built upon existing materials in Ghana and developed a set of modules targeted towards building competencies described in the current GHS training materials. These competencies included hand hygiene; personal protective clothing; isolation; processing used medical instruments and other medical devices; asepsis and aseptic technique in clinical procedures; housekeeping; handing clinical specimen; antibiotic therapy and post exposure prophylaxis; surveillance, reporting and follow-up; design of facilities; and implementing and managing infection prevention and control programs. The TWG also prioritized and designed IPC job aids to accompany the training and reinforce the skills of healthcare workers. These modules are versatile and able to meet the needs of varied target audiences in different contexts. This component is essential as GHS's work in applying IPC may take place at any level of the health facility and with staff

Small group reviews an IPC module during the IPC Technical Working Group meeting facilitated by GHS and Systems for Health

from management to the administrative level. In Year Two, Systems for Health will support GHS to pre-test and finalize the training package and will conduct ToT at the national and regional levels as well as district-level trainings in project-supported regions.

Behavior Change Communication (BCC)

In late 2014, the project supported two major sensitization activities to contribute to public knowledge about Ebola preparedness and general good practices in water, sanitation, and hygiene (WASH). Utilizing messages developed by the WASH Up Project, Systems for Health translated messages on handwashing and open defecation into five local languages. These messages were aired as radio spots on 12 community radio stations for four months (December 2014 – March 2015) in Volta, Greater Accra, Western, and Central Regions.

In addition, the project partnered with the Christian Council of Ghana to convene a one-day meeting of religious leaders

to create an Ebola edict. The edict aimed to communicate accurate information about Ebola and mobilize communities of faith to increase healthy behaviors, especially hand washing and other hygiene behaviors, to prevent potential spread of the disease. This gathering of religious leaders emphasized how vital it is for citizens of Ghana to be informed with accurate and factual information regarding the disease.

Building for the Future/Looking Ahead

Year Two provides an exciting opportunity to support the Government of Ghana to rollout a comprehensive IPC training package. This competency-based training is structured to be delivered onsite, which will enable a broader range of technical and administrative staff to build knowledge and skills in IPC. In addition, the training of national and regional trainers in IPC and adult learning techniques will enable Ghana to grow its community of practice for IPC. This will set the stage for institutionalization of appropriate IPC practices at all levels of the healthcare system.

Press Release: Religious Leaders in Ghana Unite Against Ebola Virus Disease

La Palm Royal Beach Hotel, Accra, Ghana – November 12, 2014

Unified in their declaration, religious leaders from across Ghana convened on Wednesday to respond to the Ebola outbreak in West Africa. The congregation of religious heads and faith-based organization representatives crafted a religious edict on the Ebola Virus Disease (EVD) to be circulated throughout churches, mosques, and religious gatherings in Ghana.

This event brought together the Christian Council of Ghana and the Ghana Federation of Muslim Council for discussions regarding the origins of the Ebola, how it is transmitted, and proper health measures to quickly identify and reduce the potential spread of the disease. Although there are no reported cases of EVD in the country currently, it is still a significant public health concern as other West African countries have recorded over 13,000 cases since March 2014.

"You can help raise awareness and promote safe behaviors and practices in our societies...churches, mosques, shrines and others. You can bring out the facts and truth about the disease; promote solidarity, social cohesion, compassion, and humanity; you can help mobilize resources, promote access to services for Ebola and as well help create supportive environments." This was the impassioned advice from Ghana Health Service's Dr. Badu Sarkodie, Director of Public Health, to the assembled religious leaders.

The event, convened by the USAID/Ghana Systems for Health Project, was held in partnership with the Ghana Ministry of Health (MOH) and the Ghana Health Service (GHS). USAID/ Ghana Systems for Health Project is partnering with the MOH/ GHS to strengthen Ghana's preparedness for Ebola as well as to strengthen infection prevention and control measures.

This gathering of religious leaders emphasized how vital it is for citizens of Ghana to be informed with accurate and factual information regarding the disease. Recognizing that religious gatherings are crucial channels for disseminating information, the leaders created the edict to communicate accurate information about Ebola and mobilize communities of faith to increase healthy behaviors, especially hand washing and other hygiene behaviors, to prevent potential spread of the disease.

After extensive discussions, religious leaders released an edict to be read nationwide during religious services, meetings and gatherings. In addition, religious institutions pledged their resources to increase information and education about hygiene and healthy behaviors and, with a unified voice, to build Ghana's greatest defense against the disease, a knowledgeable population.

CHPS Programming, Community Mobilization, and Infrastructure

Background and Context

The CHPS strategy is the foundation of public health at the community level for Ghana and a key element of support provided by Systems for Health. The project's efforts to strengthen CHPS is comprised of a web of activities encompassing significant levels of community mobilization and capacitation; programmatic support at the national, regional, district, sub-district, and community levels; equipment and materials; and infrastructure improvements in Northern and Volta, two historically underserved regions.

The CHPS program is designed to bridge gaps between communities and health services. Basic primary healthcare services are delivered by CHOs supported by community volunteers who work from a small CHPS compound and visit individual homes. These community-based outreach workers can play a critical role in engaging communities in health and health services as well as delivering care, particularly in under-resourced sub-districts.

Over the past two years, Ghana has been going through a significant reenergizing of CHPS. The president has made CHPS one of his focus areas and has even increased the resources available for CHPS construction through a 10% levy on the salaries of his appointees. Simultaneously, the GHS has been revising the national CHPS policy, associated CHPS implementation guidelines, and the standard CHPS compound design.

As Systems for Health completes its first year of implementation and moves into Year Two, these reenergizing efforts are coming to fruition and the

District Public Health Nurse and CHN during Systems for Health visit to CHPS facility in Greater Accra region

revised and finalized materials are being introduced. Much of Systems for Health's community mobilization focus in Year One concentrated on addressing widespread misunderstanding of the CHPS program and building support for implementation. This forms a platform for stronger CHPS programming and community mobilization.

Key Accomplishments

Stakeholder Support for CHPS

Systems for Health contributed to improving support for CHPS by working to mobilize hundreds of stakeholders at regional, district, and sub-district levels in Year One. Relevant GHS, local government, communities, NGOs, and development partner representatives participated in regional stakeholder meetings. These meetings presented the revised CHPS guidelines and clarified each stakeholder's roles and responsibilities within the CHPS operational plan. At district and sub-district level meetings, stakeholders reviewed and updated the expectations of District Assemblies, District Directors of Health Services, Medical Superintendents, Physician Assistants and/or sub-district facility heads, District CHPS Coordinators, and Communities

Participants in CHO training take part in activity to illustrate how societal issues can prevent access to MNCH care

> *"This activity has really opened my eyes to the numerous challenges women face in deciding to access antenatal and postnatal care. I always thought the women deliberately refused to come to the facility, but now I know and these are some of the issues I probe for when I go on home visits."*
>
> – Stephen Goka (CHN Pibila CHPS Zone, Nkwanta Northern District)

(including referral responsibilities). These discussions paved the way for dialogue and collaboration in the CHPS program implementation process.

Strengthened Implementation Strategies

The project worked with health and development stakeholders at national and regional levels to share best practices and build consensus on implementation models. Systems for Health and MCSP/Jhpiego collaborated to organize a National CHPS Seminar to enable participants to learn from each other's successful CHPS implementation experiences. The Northern

Regional Health Directorate arranged a similar meeting with Systems for Health support. This CHPS consultative meeting gathered 101 stakeholders from the Northern, Upper West, and Upper East regions together with donors to review and adopt appropriate CHPS implementation models and practices.

CHO Training Rollout

Although CHOs are key to the CHPS program, many have not received adequate training necessary to fulfill their roles. The PPME/GHS CHPS Unit in collaboration with Systems for Health facilitated the training of 78 CHOs and Sub-District Supervisors in the Volta region. Participants were trained in the skill areas required of them as defined by the latest CHPS implementation guidelines. Additional content on the impact of gender issues on maternal and child health service delivery was included for the first time. The experience from this first round of training has been documented to guide the Northern region CHO trainings scheduled for Year Two.

Community Mobilization Strategy and Training

Community mobilization activities are critical for engaging communities in the CHPS program and increasing demand for services. Systems for Health, in partnership with Plan Ghana, has developed a community mobilization strategy (incorporating

BCC and gender issues) to guide community engagement and demand creation work. The project also worked closely with PPME/GHS and a task team to revise the Community Mobilization Training Manual and Handbook developed by GHS in 2002. This will guide the cascaded community mobilization training scheduled for Year Two. In addition, a draft Community Health Management Committee (CHMC) CHPS Community Education flip chart was revised to be consistent with national policy and guidelines. Gender approaches have been incorporated into each of these materials. Drafts are being pretested and finalized for use in Year Two.

Preparing for Construction

In preparation for construction and renovation that will be undertaken in Year Two and beyond, Systems for Health spent much of Year One identifying potential sites, the processes that will be needed to assess and approve these sites for construction, and putting in place the tools that will be needed to initiate and oversee construction once it begins. The first sites for both Northern and Volta have been identified and additional site identification for the future is continuing.

HIGHLIGHT

Land Ownership for Construction and Renovation

Establishing clear land title can be a challenge in Ghana. Land ownership in parts of the country rests with the Chiefs while in other areas lands have been transferred to families. In some places, only long term leases are possible as ownership remains with the traditional leaders. Systems for Health began its work this year by identifying the process for establishing clear titles in each region. By doing this work up front, the project hopes to minimize downstream problems caused by the appearance of conflicting title claims.

Building for the Future/Looking Ahead

The relationships, experiences, and materials developed in Year One have strengthened GHS' ability to rollout CHPS and community mobilization activities in Year Two. Technical supervision and coaching will ensure quality implementation

of community health activities. An increasing focus on district-level activities will translate into extensive collaboration with DHMTs to provide ongoing support to District CHPS Coordinators, District Planning or Community Development Officers, and Sub-District Health Teams. Reactivating CHMCs will be a priority in the two focus regions while transition regions will prioritize sub-district supportive supervision and training.

As the project moves into the intense construction phase, one-third of the anticipated construction projects are anticipated to be initiated in the coming year (through September 30, 2016). The other two-thirds are expected to be initiated in Year Three. The new CHPS plans have been finalized and released by the MOH and planning for construction can now begin in earnest.

Behavior Change Communication (BCC)

Background and Context

Increased demand and use of quality health services is critical to improving health in Ghana. It is essential to educate and inform communities in order for them to make informed decisions and actions regarding their health. In turn, it is equally important for health teams to play a leading role in promoting positive health behaviors as well as providing quality health services. As a result, Systems for Health is taking a targeted approach to understanding and addressing barriers to behavior change at health service and community levels. The project is working closely with GHS and its health communication partners, particularly the USAID Communicate for Health project, to design and implement well-coordinated, evidence-based BCC activities within the health system and communities. This work aims to cut across MNCH, nutrition, FP/RH, and malaria and addresses health rights, shared responsibilities, and gender barriers to health care.

Key Accomplishments

Reinforced National BCC Coordination
During Year One, Systems for Health contributed to coordinated national BCC strategy and planning, as well as district-level planning and implementation of key national campaigns.

With the Communicate for Health project beginning during Year One, Systems for Health collaborated to clarify each project's respective roles related to BCC. Systems for Health was closely involved in the development of Communicate for Health's work plan in order to prevent duplication of efforts and enable more focused BCC activities within each project.

Systems for Health built productive relationships with the GHS Health Promotion Department, Communicate for Health, and other key partners involved in BCC and demand generation work. The project contributed to a number of relevant GHS sub-committees and technical working groups, particularly those of the National Communication sub-committee. Partners provided technical and financial support for the review, adaptation, and distribution/airing of materials and radio scripts related to the use of long-lasting insecticide nets (LLINs), family planning, and the prevention of diarrhea in children. Systems for Health also provided technical and financial support to GHS national campaign events, including Malaria Day, Child Health Week, and Family Planning Week in 2014.

Expanded District-Level BCC Activities

The project provided district impetus for GHS national campaigns during Year One by working with district and sub-district health teams. The three national awareness campaigns were supported at the district level, in line with GHS plans and local health priorities. For example, Systems for Health provided support for National Malaria Day activities in Savelugu (Northern region) and Adaklu (Volta region) to promote the use of LLIN and the "3T" (Test, Treat, and Track) approach to malaria diagnosis and treatment. Child Health Week activities included expanding immunizations in districts with poor coverage rates. Family Planning Week focused on generating demand for Long Lasting Reversible Contraceptives in Kpone Katamanso, Tema, and Ga Central in the Greater Accra region. A range of BCC interventions were used, including radio discussions, community durbars, drama, music and dance performances, home visits, and facility-based health education.

Building for the Future/Looking Ahead

These key foundational activities in Year One are helping to energize and focus demand creation and behavior change interventions for Year Two. A strong sense of collaboration and shared responsibility has been created between GHS and its

partners. Systems for Health will focus on scaling up targeted BCC interventions at regional, district, sub-district, CHPS zone, and community levels in tandem with its community mobilization strategy for effective and sustainable change.

Environment

Background and Context

Systems for Health is working through its capacity-building activities, strengthening of the supply chain, and within its construction and renovation program to minimize impacts on the environment and increase efforts to address environmental concerns throughout the health sector in Ghana.

Key Accomplishments

Systems for Health's activities in Year One, with respect to the environment, were primarily preparatory in nature. The Environmental Monitoring and Mitigation Plan (EMMP) was submitted along with the final version of the Year One work plan and was discussed with the USAID Environmental Compliance Officer at a subsequent meeting. The two areas of most significant environmental impact over the life of Systems for Health are supply chain and construction/renovation.

With respect to supply chain, Systems for Health worked through the integrated coaching visits to assess the use of the Early Warning System for commodities. In this assessment, reporting rates were found to be generally low and interventions were undertaken to improve the understanding of this system and improve reporting rates (see Supply Chain section for details). From the environmental perspective, improved reporting and data use within the supply chain will reduce product wastage due to product expiry and damage, which will reduce the need for disposal and its resulting environmental impact.

With respect to construction and renovation, discussions with USAID have indicated that the project has taken all steps necessary in preparation for the appropriate handling of environmental issues during the construction phase of the project. The next significant steps will occur when specific sites are identified and site preparation and construction begins. These activities will be initiated early in Year Two.

Systems for Health Engineer and GHS staff visit a proposed site for CHPS compound construction

Building for the Future/Looking Ahead

Systems for Health will continue to incorporate issues of environmental concern, such as waste handling and disposal (both medical and non-medical waste) in many of its technical training initiatives. The project will also continue to support the strengthening of the supply chain to reduce wastage of supplies. Finally, and most importantly, Systems for Health will ensure the minimization of environmental impact during any of its construction and renovation activities.

Gender

Background and Context

Systems for Health focuses on strengthening the GHS to increase equitable access to services while simultaneously improving the quality of these services. The project is applying the following strategies to address both the supply and demand issues related to gender in the health system:

1. Mobilizing male involvement in FP/RH to reduce stigma and increase demand;

2. Strengthening the capacity of the health workforce to prevent, recognize, and treat gender-based violence;

3. Improving the ability of the health workforce to recognize gender issues and implement strategies to address them;

4. Expanding community support for MNCH, nutrition, FP/RH, and malaria services, and ensuring women and girls are empowered to seek and influence service quality; and

5. Ensuring that health facilities meet the unique needs of women, men, and adolescents.

Key Accomplishments

In Year One, the project focused on building a strong foundation in gender concepts among technical staff and establishing a framework for gender analysis and integration for project activities.

Gender Awareness Workshop for Staff
USAID Systems for Health is committed to promoting gender equality across all dimensions of the project, both "inside and out." Gender responsiveness starts from the project's core, and staff dialogue and learning are critical components for establishing a strong foundation for gender transformative programming. As a result, Systems for Health found it necessary to ensure that all staff were appropriately oriented on key gender concepts. The project partnered with

a team of gender experts from PLAN International and PLAN Ghana to conduct a gender awareness workshop for all Systems for Health staff. The workshop's goal was to promote reflection and dialogue regarding the ways in which gender-based norms and dynamics impact their day-to-day professional experiences. It also aimed to increase the understanding of gender-related concepts to support the broader process of integrating gender across the project portfolio and in providing technical assistance to the GHS.

Integration of Gender into Project Programming

Systems for Health, with key support from PLAN International and PLAN Ghana, conducted a number of activities in Year One to promote the integration of gender related concepts into project programming. These included the incorporation of a gender perspective in the review of the Save Motherhood In-service Training Manual, as well as the facilitation of an orientation meeting to create awareness of gender concepts in CHO trainings in the Volta Region. Systems for Health, in partnership with PLAN counterparts, identified, collated, and disseminated an inventory of gender tools, materials, and job aids to technical staff in each health area with the aim of replication in all five regions. In addition, PLAN provided support to Systems for Health for the development of the project's gender analysis framework and draft collection tools which will be further refined and rolled out in Year Two at the district, sub-district, and CHPS levels.

Systems for Health staff participating in an interactive activity as part of staff gender awareness workshop

Building for the Future/Looking Ahead

In Year Two, Systems for Health will continue to develop tools and processes to support gender integration across the project's technical areas and regions. This includes reinforcing staff capacity to incorporate gender-responsive approaches in their technical support to partners. In addition, the project will use the analytical framework developed in Year One to conduct targeted gender analysis activities that will better inform field strategies aimed at addressing gender-based barriers to accessing services and will develop effective approaches for targeting men through BCC and demand generation activities.

KOICA

Background and Context

In the Volta Region, Systems for Health is supporting the implementation of a Memorandum of Understanding between USAID and the Korean International Cooperation Agency (KOICA) to End Preventable Maternal and Childhood Death. Specifically, the project is working closely with GHS and KOICA to support comprehensive health systems strengthening activities in Keta Municipality, Ketu North, and Ketu South Districts in Volta Region. This includes improving accessibility, quality, and use of FP/RH, MNCH, nutrition, malaria prevention/treatment, and other priority health services through capacity building and technical assistance as well as through infrastructural improvements focused on CHPS.

Key Accomplishments

Throughout the course of Year One, Systems for Health prioritized the implementation of activities in three KOICA-supported districts and engaged KOICA to ensure their involvement in key activities. KOICA representatives participated in the project's inception meeting in Volta Region where KOICA was introduced as a key partner. In addition, project and KOICA staff have met on several occasions in both Volta Region and in Accra. KOICA staff have also participated in project-supported site visits to CHPS candidate sites as well as in integrated coaching visits. The list of activities below represents capacity building and/or health systems strengthening activities that included staff from KOICA focus districts and/or activities that were carried out in these districts.

The specific details of technical activities mentioned below are available in the technical areas of this report.

Building Blocks of the Health System

1. Trained five staff including the District Director of Health Services (DDHS) and Medical Superintendent from the Ketu South District in Leadership Development Plus. The Ketu District is one out of seven cohort districts to start this activity, which will be scaled up in Year Two.

2. Conducted a baseline facility assessment of 14 health facilities in KOICA districts. Data collection focused on key MNCH indicators that are not available in DHIMS 2.

3. Supported GHS to carry out integrated coaching visits to 67 public and private health sector facilities (hospitals, clinics, health centers, and CHPS compounds) in Ketu South, Ketu North, and Keta Municipal. A total of six district health directorate staff helped lead the coaching visits.

4. Carried out financial management capacity assessments of all three district health directorates. The information gained from these assessments will be used to enhance the financial management systems of each district and prepare them to become direct recipients of donor funds.

Improving Accessibility, Quality and Use of MNCH, Malaria, FP/RH, and Nutrition Services

1. Trained 15 staff from KOICA districts in the use of the Child Health Record Book to help improve documentation each child's health as well as to improve the counseling provided to parents.

2. Planned for the rollout of several technical activities, including intrauterine device and implant trainings for midwives, use of MamaNatalie and NeoNatalie trainings (for maternal and newborn care), and onsite training of select CHOs in management of febrile illness.

CHPS Infrastructure and Community Mobilization for CHPS

1. All three DDHS and three Medical Superintendents attended the first CHPS stakeholder meeting in May 2015. The meeting was organized to discuss the revised CHPS policy and implementation guidelines and to ensure a shared understanding of the document.

2. In collaboration with the DDHS in the KOICA districts, identified and assessed (through site visits) nine CHPS candidate sites for construction and 17 CHPS compounds for renovation in June 2015. The project is in the process of narrowing this list and will select sites in which to begin construction/rehabilitation in Year Two.

3. Oriented 13 sub-district heads comprising physician assistants and medical assistants from KOICA districts on the new CHPS policy and implementation guidelines and their roles and responsibilities in CHPS implementation.

Building for the Future/Looking Ahead

As the project moves into full-scale implementation of activities in Year Two, it will intensify its coordination and communication with KOICA through regular meetings and joint work plans to ensure synergy of efforts. Key areas of coordination are related to CHPS programming and infrastructure (including equipping of health facilities), technical capacity building of GHS staff, and management strengthening in focus districts, with several key activities scheduled to begin in October-December 2015.

USAID Implementing Partner Coordination

An important function of Systems for Health is the coordination of activities among the Health Implementing Partners supported by USAID. At present there are 25 Health Implementing Partners on the sector coordination list.

Year One Activities and Foundation for the Future

Early in the year, coordination activities were initiated by gathering a small group of Chiefs of Party for the larger and more active USAID-funded programs. In this informal setting, priority issues and needs for coordination were discussed as

well as coordination activities and devices that were found to be useful or potentially useful. The topics of discussion included meetings, shared calendars, shared information and tools, and shared geographic information.

Following this informal meeting, a larger, more formal meeting of all the programs on USAID's contact list was convened. In this setting the discussion centered on the desired forms of coordination, the frequency and participation in meetings, the tools available to support coordination, and priority topic areas. Topics mentioned included monitoring and evaluation, gender, mapping, research, policy, private sector, resource centers, CHPS, anemia, harmonization, and MNCH.

Since that initial meeting, the group has met three times (approximately quarterly) and has continued to refine the discussion topics. The smaller informal group met monthly for several months, but interest seemed to diminish during the July to September period. Interest among this group should be regenerated in order to continue this collaboration among partners.

Systems for Health also met with the METSS project late in the year to discuss their work in coordinating implementing partners within the Agriculture sector. This meeting was useful and has resulted in additional collaborative efforts to share tools and ideas about coordination of the two sectors.

Looking Forward

As Systems for Health moves into Year Two, key staff are in place to move forward with many of the structures and devices needed to support continued coordination.

There has been renewed interest on the part of GHS and within the donor community in support of efforts to understand and visualize the activities of various donors and implementing partners. More frequent discussions are focused on the need for "mapping" of donor and partner activities in order to minimize duplication and reduce gaps in coverage. Whether these efforts result in geographic maps, spreadsheets, GIS displays, or other devices, Systems for Health intends to provide continued support to these additional efforts in order to clarify, understand, and help GHS to coordinate the many activities taking place in their programs.

Sub-Grantee Collaboration

In project Year One, Systems for Health's international sub-grantees—PATH, Plan International, and Results for Development, Inc. (R4D)—contributed assistance in the areas of MNCH, Health Financing, and Community Mobilization/ CHPS Programming. The project has established key relationships with partner international and local offices to facilitate smooth flow of communication, including instituting weekly to monthly calls and in person meetings with partner country offices as well as a quarterly all partners meetings.

Systems for Health leveraged R4D's lead role in other health financing projects in Ghana, including MCSP and Health Financing and Governance (HFG), to ensure harmonization of efforts across all project portfolios. With Systems for Health support, R4D spearheaded the effort to develop a concept note on the harmonization of PBF and capitation in Ghana, utilizing their involvement in multiple country projects to generate wide stakeholder buy-in for next steps in the roll out of the harmonized design.

In Year One, Systems for Health and PATH collaborated on the development of a draft implementation plan for a small scale introduction of oxytocin into the Expanded Programme on Immunization cold chain. PATH provided key assistance to the study design, using lessons learned from previous studies which they had conducted in the region to inform how to operationalize this study moving forward into Year Two.

With support from Plan Ghana and Plan International, Systems for Health worked to build the foundation for successful integration of gender into all project activities. This began with a gender awareness workshop for Systems for Health staff that brought together international and gender experts to build the ground work for gender integration by ensuring that all staff had a thorough understanding of gender concepts. Year Two will see the project build upon this gender integration work and partner with Plan to complete a targeted gender analysis for the project. In addition to their work in gender, Plan has been instrumental in moving forward project efforts to successfully mobilize communities for the uptake of services at the CHPS level. The project will continue to leverage Plan's country presence to implement community mobilization activities in Year Two.

Project Administration

I n Project Year One, Systems for Health established a concrete presence in all five regions where the project is operating. The project secured its main office in Accra within two weeks of its inception and has since opened offices in the capital cities of the Northern, Volta, and Western regions—Tamale, Ho, and Takoradi respectively. Activities in the Greater Accra and Central regions are coordinated from the project's main office in Accra. Recruitment and hiring of staff was acted on quickly, with all staff bid on the proposal receiving contracts within one month of the start of the project. By September 2015, Systems for Health was almost fully staffed with 90 staff members and only a few remaining positions being actively recruited. The main office in Accra houses approximately 60 staff with 10 staff members based in each regional office. These regional office staff provide the project with a strong connection to regional GHS counterparts. In Year Two, the project will continue to use its physical presence in these regions to strengthen relationships with key stakeholders.

Year One Implementation Challenges

Due to the complexity of the Systems for Health portfolio and the numerous stakeholders at GHS at the national and regional levels that need to be consulted, establishing a process for scheduling collaborative activities has been a challenge during the first year of implementation. The project hopeful that integrated work planning for Year Two will help to implement better advance planning and ease some of the coordination challenges. However, the process of scheduling these integrated work planning sessions has been difficult. The project began discussing the need to do this with the GHS in July and the final scheduling was set for late October and November— after the submission of this report was required.

Scaling training into the districts has also been a challenge as the administrative and financial support needed to identify and select training venues in the districts has exceeded staff capacity. As the project began to roll out these training sessions, it was also discovered that costs in the districts are no less than, and in some cases even more than they had been in the regional headquarters. It has become clear that approaches using spaces other than hotels will need to be found in order to deliver on our training commitments and stay within budget.

Late in the implementation year (June) Systems for Health Senior Management was called into the office of the Director General of GHS to discuss some concerns about collaboration and cooperation between Systems for Health and the GHS/ regional management teams. Concerns were aired and discussed during the meeting, which USAID also attended, and project representatives came away with the impression that many understandings were reached and a stronger basis for collaboration was established in many areas. Systems for Health looks forward to implementation in Year Two after joint coordinated work planning has taken place.

Challenges	Project Approach to Addressing Challenge
Scheduling collaborative activities with GHS	◆ Hold dialogue with GHS and negotiate integrated work planning at national and regional levels ◆ Reach consensus on annual work plan for each region including mutual responsibilities
High level of training activity at district level requires intense administrative and financial support exceeding resources	◆ Implement blanket purchase agreements with restauranteurs and hotels to reduce procurement burden ◆ Roll out mobile money for payment of per diems ◆ Actively search for low-cost or free venues at district and regional sites for trainings and workshops
Heavy foundation work necessary to prepare for CHPS construction and renovation work, including complexities surrounding site selection and verification of land ownership	◆ Facilitate site selection and evaluation visits jointly with GHS counterparts and other key stakeholders (such as KOICA) ◆ Develop detailed guidelines to confirm land ownership of construction and renovation sites ◆ Thoroughly map out processes to lay the ground work for expediting activities in project Years Two through Four
Revision of standard CHPS blueprints necessitates re-evaluation of full cost of construction and renovation activities	◆ Maintain ongoing dialogue with USAID regarding costs of construction and renovation as activities are underway ◆ Monitor detailed budget analysis to identify areas where revision to current scope and budget might be necessary
Need to support GHS to review and updated technical guidelines and training materials delayed the implementation of many regional-level technical activities, particularly in the area of MNCH	◆ Provide technical expertise and support to national technical working groups to expedite review and development processes ◆ Dialogue with regions to keep them informed of national-level processes and implement other systems strengthening activities in the regions such as integrated coaching, Child Health Record Book trainings, and CHPS stakeholder sensitization meetings
Complete destruction of Central Medical Stores due to fire in January 2015 led to significant losses of health commodities as well as training and recordkeeping materials has led to numerous unplanned procurement and printing requests	◆ Consult with USAID to prioritize GHS requests and collaborate with other partners to ensure a coordinated response ◆ Maintain ongoing dialogue with USAID and GHS to clarify the level of support the project is able to provide going forward
Difficulty of transitioning from vertical programming to integrated service delivery	◆ Continue advocacy with GHS and other partners to discuss the benefits of integration through the lens of a continuum of care with no missed opportunities, which results in improved efficiency and coverage ◆ Support development of integration technical working group to help identify best practices in service integration in Ghana and capture the process of how services were integrated

SUCCESS STORY

National Quality Forum Mobilizes Key Stakeholders to Develop a National Quality Strategy

Quality service delivery practices are often evident on the ground in Ghana, with many of them yielding impressive results in improving health outcomes. However, there is not a harmonized national quality strategy, plan, or road map for the standardization and implementation of quality assurance and quality improvement (QI) initiatives across the health system. The USAID Systems for Health project is supporting the MOH/GHS to develop this strategy, which will prioritize and harmonize all fronts working to improve health and care quality and patient safety in Ghana.

Recently, USAID Systems for Health played a leadership role on the steering committee to organize and facilitate the inaugural National Quality in Healthcare Forum in Ghana. The event, which aimed to rally key stakeholders around the need for a harmonized national quality strategy for healthcare, took place on September 29-30 and was attended by senior leadership of the GHS and MOH along with key representatives from health practitioners and development partners working in Ghana.

Speakers and panel members shared their insights on how the Ghana Health System has evolved over time and highlighted both the successes and remaining challenges to achieving higher quality services across all levels of the health system in Ghana. Dr. Augustin Muhwezi, Chief of Party for the URC-implemented USAID SUSTAIN project, represented Systems for Health as one of the primary forum speakers. Drawing from his own experience developing a national quality strategy in

Representatives from government and partners participate in panel discussion on next steps for developing the national quality strategy for Ghana.

Uganda, he emphasized the strong commitment needed from government, health sector stakeholders, and donors to drive this process forward. "Think big, start small and start now!"

Going further than just collecting ideas and recommendations, this event succeeded in generating a collective pledge by participants to commit their efforts to the development of a National Quality Strategy. Dr. Samuel Kaba, Director of the Institutional Care Division of GHS, concluded the forum by outlining key next steps to build upon momentum created by the event and spur the process on to completion.

October 2015

Next Steps: Harmonized National Quality Strategy (NQS)

Phase 1: Preparatory (October-December 2015)

- Form technical working group to prepare a concept paper

- Mobilize resources for developing NQS

- Incorporate into MOH Annual Program of work, 2016

Phase 2: Development of NQS (January-December 2016)

- Map out all stakeholders in the health system

- Conduct quality landscape analysis

- Iteratively give progress report and receive feedback

- Define priorities for focused implementation

Phase 3: Implementation of NQS (January 2017)

- Launch and commence implementation of NQS

Next Steps: Harmonized National Quality Strategy (NQS)

SUCCESS STORY

Systems for Health Triggers Use of a Stockout Early Warning System

Health facilities within the GHS continue to experience stockouts of important health supplies despite stock being available within the system. While improvements were being made to GHS Logistics Management Systems, an Early Warning System (EWS) was introduced in June 2011 to prevent shortages of essential health commodities for FP/RH, malaria, and HIV/AIDS at facilities. This SMS-based system can provide convenient, near real-time data of stock levels, prompting timely ordering and delivery of essential health supplies.

Despite some initial success and the convenience of the EWS phone text messaging, USAID Systems for Health found many facilities were not sending their weekly reports and sporadic stockouts were widespread. District and Regional Health Officers were not using the system or providing feedback to facilities or the EWS administrators.

"The challenge is that the same password I have used in the past is no longer working though I have not changed it" said Joseph E. Mozu, DDPS of Western Region during a Systems for Health coaching visit.

There did not seem to be a sense of ownership of the system as service providers and administrators failed to experience the benefits of the EWS. In response, Systems for Health and GHS began to provide on-site technical assistance and support to some selected districts in the three transition regions (Central,

Community Health Nurse updates an inventory control card

Western and Greater Accra Regions). Some EWS reporters were replaced where posts were vacant and regional and district level health officers were encouraged to use the system and monitor the availability of the tracer health commodities.

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Reporting rates have increased significantly since these coaching visits. For example, Ada West, Babiani Ahwiaso Bekwai, and Upper Denkyira East Districts achieved 80%, 95%, and 95% reporting rates respectively (as of October 23) compared to their previous rates of 0%, 35%, and 25%. GHS and Systems for Health will continue their support to ensure sustained use of EWS in an effort to improve the quality of care at health facilities.

District	Dates of Visit	Pre-Assistance Reporting Rate	Post-Assistance Reporting Rate (as of October 2015)
Ada West (Greater Accra)	February 2015	0%	80%
Bibiani-Anhwiaso-Bekwai (Western Region)	July 2015	35%	95%
Upper Denkyira East (Central Region)	March 2015	25%	95%

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